

## CLAIMS ONLY

Application Number

**Filing Date**

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED 8/15/05		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20	1					
21	1					
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25	1					
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49						
50						
Total Indep	4					
Total Depend	21					
Total Claims	25					

\* May be used for additional claims or amendments

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depe
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100						
Total Indep						
Total Depend						
Total Claims						